



Mitt Romney  
Governor

Kerry Healey  
Lieutenant Governor

Thomas G. Gatzunis, P.E.  
Commissioner

# *The Commonwealth of Massachusetts*

## *Department of Public Safety*

### *State Boxing Commission*

*One Ashburton Place, Room 1301*

*Boston, Massachusetts 02108-1618*

*Phone (617) 727-3200 Ext. 25257*

*Fax (617) 727-5732*

Nicholas P. Manzello  
Chairman

Bernard J. Doherty  
Commissioner

Gary J. Litchfield  
Commissioner

### **IMPORTANT INSTRUCTIONS FOR COMPLETING LICENSE APPLICATIONS**

Thank you for requesting application (s) for the position (s) checked below. Next to each position is its license fee.

#### **LICENSE FEES**

<input type="checkbox"/>	BOXER	\$ 20.00
<input type="checkbox"/>	JUDGE	\$ 50.00
<input type="checkbox"/>	KICKBOXER	\$ 20.00
<input type="checkbox"/>	MANAGER	\$ 30.00
<input type="checkbox"/>	MATCHMAKER	\$ 50.00
<input type="checkbox"/>	PHYSICIAN	\$ 50.00
<input type="checkbox"/>	PROMOTER	\$ 150.00
<input type="checkbox"/>	REFEREE	\$ 50.00
<input checked="" type="checkbox"/>	SECOND	\$ 30.00
<input type="checkbox"/>	TIMEKEEPER	\$ 30.00
<input type="checkbox"/>	TRAINER	\$ 30.00

Please make the check payable to the "COMMONWEALTH OF MASSACHUSETTS" for the fee, and mail it to:

**MA State Boxing Commission**  
**One Ashburton Place, Room 1301**  
**Boston, MA 02108-1618**

- PLEASE FILL OUT THE APPLICATION COMPLETELY. IF THE APPLICATION IS NOT FILLED OUT COMPLETELY, IT WILL BE RETURNED TO YOU.**
- PRINT CLEARLY AND LEGIBLE WITH A BALL POINT PEN. NO PENCILS.**

#### **THE FOLLOWING MUST ACCOMPANY YOUR APPLICATION:**

- ☒ Two color photographs of the applicant, 1-1 ½ inch square in size.
- ☒ Copy of birth certificate.
- ☒ 2 Photo Identification cards with signature, for example drivers license and a passport .
- ☐ Statement of Net Worth.
- ☐ Copy of EKG Exam from a licensed physician no more than ten (10) days old at time of application / or renewal.
- ☐ Copy of Ophthalmological exam from a licensed physician no more than ten (10) days old at time of application / or renewal.
- ☐ Copy of **Negative** HIV test results from a licensed physician no more than ten (10) days old at time of application / or renewal.

**NOTE: IF YOUR APPLICATION IS INCOMPLETE OR ILLEGIBLE, WE WILL RETURN IT TO YOU ALONG WITH YOUR CHECK. WE WILL NEED ANOTHER APPLICATION FOR YOU TO PROPERLY COMPLETE IN ORDER FOR YOU TO APPLY OR RENEW YOUR LICENSE. IF YOU FAIL TO SEND IN THE TWO COLOR PHOTOGRAPHS YOU WILL NOT RECEIVE YOUR LICENSE. I UNDERSTAND AND AGREE TO THE ABOVE INFORMATION.**

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**SIGNATURE OF APPLICANT**